2014

City of Jackson, MS Mayoral Campaign Contributions

Melvin Priester, Jr.

2014 ELECTION CYCLE

Political Compittee REPORT OF RECEPTS AND DISBURSEMENTS City of Jackson Special Election for Mayor

City of Jackson - Special Election for Mayor
Name of Committee Committee to Elect Melvin Mariester, Jr.
Address 5375 Executive Place Jackson, MS 39206 County Hinds
Telephone 601-353-2460 Fax 601-353-2074
Treasurer Charlene Priester Email Address info@electmelpriester.com
AND BELLEVILLE OF THE SECOND O
☐ Check here if above is different from previous report
X April 1, 2014 Pre-Election Report (January 1, 2014 through March 29, 2014)
April 15, 2014 Pre-Runoff Report (March 30, 2014 through April 12, 2014)Runoff Candidates Only
January 30, 2015 Annual Report (January 1, 2014 through December 31, 2014)
Termination Report (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

<u>IMPORTANT</u>

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar Itemized + Non-itemized = This Period Year-To-Date Total amount of contributions **+\$** 7930 \$ 104635 \$ 104635 \$96705 Total amount of disbursements \$64865.97 +\$ \$ 69075**.**97 \$ 69075**.**97 Total amount of cash on hand \$ 35559.03 I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. Signature of Director or Treasurer

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State:
- Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545
- 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.
- 3. Candidates for Municipal office should return forms to the Municipal Clerk.

Delbert Hosemann SECRETARY OF STATE

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Name of Candidate	or Committee	Mels,	1 P	1103	eria
Reporting period	1-1-1-	thr	ough 🗀	3-29	-14

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (stones are str.)	(Mo., Day, Year)	receipt
Other (please specify)		this period
Melvin Priester JR	3/10/10	\$ 12,750
Mailing Address		
2375 Executive Place	<u>国(国/团</u>	\$ 4,705
City, State, Zip Code		-
Jackson, Mi		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
AHOINLY	year-to-date	\$ 17,455
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name		
Charlene PRIESTER	31/12/14	\$ 10,000
Mailing Address	3,3,4	\$ 15.050
5375 Executive Place	2124143	\$ 15,000
City, State, Zip Code		\$
JACKIDA MS		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 25 00
DH oran	year-to-date	\$ 25,000
C. Source Corporation PAC Individual Loan	Date	Amount of each
	Date (Mo., Day, Year)	receipt
Other (please specify)	Date (Mo., Day, Year)	
Other (please specify)		receipt
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify) Full name HHHHie HIMALING Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name HHHHie HIMALING Mailing Address	(Mo., Day, Year)	receipt this period \$ 500 \$ 100
Other (please specify) Full name HAHie AIMATER Mailing Address 1736 HOM: 1100 WAY	(Mo., Day, Year)	receipt this period
Other (please specify) Full name HHHie Him Atrona Mailing Address 1736 Hamilton Address City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 500 \$ 100
Other (please specify) Full name HAHIO AIN AIR AIN AIR AIN AIR	(Mo., Day, Year) 3	receipt this period \$ 500 \$ 100
Other (please specify) Full name HHHie AIMALISA Mailing Address 1736 Hamilton Way City, State, Zip Code	(Mo., Day, Year)	receipt this period \$ 500 \$ 100
Other (please specify) Full name HAHIO AIN AIR AIN AIR AIN AIR	(Mo., Day, Year) 3	receipt this period \$ 500 \$ 100 \$ 100
Other (please specify) Full name HAHIO AINON Mailing Address 1736 HOM: 1400 AT City, State, Zip Code TALLION, Mame of Employer (Required) Occupation (Required) D. Source: Corporation PAC individual Loan	(Mo., Day, Year)	receipt this period \$ 500 \$ 100 \$ Amount of each receipt
Other (please specify) Full name HHHie Him Atrone Mailing Address 1736 Ham: 1400 Way City, State, Zip Code Tacking, Mane of Employer (Required) Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) 3	receipt this period \$ 500 \$ 100 \$ Amount of each receipt this period
Other (please specify) Full name HHHIO HIONA Mailing Address 1736 HOANILONA City, State, Zip Code TALLION, Mame of Employer (Required) Name of Employer (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Madical Assumption	(Mo., Day, Year)	receipt this period \$ 500 \$ 100 \$ Amount of each receipt
Other (please specify) Full name HHHIO HIONA Mailing Address 1736 HOANILONA City, State, Zip Code TACKLONA Name of Employer (Required) Occupation (Required) Other (please specify) Full name Mading Address	(Mo., Day, Year) 3	receipt this period \$ 500 \$ 100 \$ Amount of each receipt this period
Other (please specify) Full name HHH 10 H10 H10 H10 H10 H10 H10 H10 H10 H	(Mo., Day, Year) 3	receipt this period \$ 500 \$ 500 \$ 500 \$ Amount of each receipt this period \$ 7000
Other (please specify) Full name HHH 10 H	(Mo., Day, Year) 3	receipt this period \$ 500 \$ 500 \$ 500 \$ Amount of each receipt this period \$ 1500
Other (please specify) Full name HAHIO AIN	(Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 \$ Amount of each receipt this period \$ 7000
Other (please specify) Full name HAHIO AIN	(Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 \$ Mount of each receipt this period \$ 1000 \$ 1000 \$ 1000
Other (please specify) Full name HHHIO AIN	(Mo., Day, Year)	receipt this period \$ 500 \$ 500 \$ 500 \$ 500 \$ 500 \$ 500 \$ 500 \$ 5000 \$

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Name of Candidate or Committee	e Mul	4 با	Pa	est.	~ Ja	
Reporting period 1-1-1	<u> </u>	through	3/2	9	11	
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	3/2/14	\$ 5000
Mailing Address 3 4 Monot Morris Park		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 5000.
B. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name JACOB MILAGO	3/11/13	\$ 250
Mailing Address 300 W South St		\$
City, State, Zip Code 5 Achipo Mi 397 53		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 250.00
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name SAMINDA WijegnNa Damosa	3/12/12	\$ 500.
Mailing Address 2.5 C. A mu St		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 555.0
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Mallisin GAMBOI	31211	\$ 500.
Mailing Address L75 M. Lala Road Vy 109 y		\$
City, State, Zip Code HDC10 N COD 13/17071		\$
Name of Employer (Required)		
Cornia, Inc. "Nd L.	//Aggregate	\$

Name of Candidate or	Committee 🚺	1-	ا برته (عربه	ta J	ર
Reporting period 1-	-1-14	`	through	3-7	4-14	
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A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(mo., Day, rear)	this period
Marcus wallace Mailing Address	1271	\$ 20000
125 S. CONGRESO -+ 1605		\$
City, State, Zip Code	\square / \square / \square	\$
Name of Employer (Required)		
MAR	ᆜ / ᆜ / ᆜ	\$
Occupation (Required)	Aggregate year-to-date	\$ 2000
B. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	F	
32 Marcha Boldon	B1/117/14	\$ / 5 > 5
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
u Almart	<u> = ' = ' = </u>	<u> </u>
Occupation (Required)	Aggregate year–to-date	\$ 1000 =
C. Source Corporation PAC Individual X Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	13/14/17	\$ 1555
Mailing Address		\$
City, State, Zip Code	<u>'</u>	P
Cry, state, 21p code Cry, state, 21p code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	£
ENGINDERING COMM	year-to-date	\$ 1020.0
D. Source: Corporation PAC Individual Loan '	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Health Assumance		\$ 1200
Mailing Address SH 'HOS	1 <u>□</u> 1□	\$
Gity, State, Zip Code OBAIBO	超心口口	\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
N/a	Aggregate year-to-date	\$ 1000.
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Name of Candidate or Comm	ittee Mc.I.	V 6,0	Priester	5R
Reporting period 1-1-	-14	through 🗀	41-25-8	_
	コードルコン		JEOLID.	TC

A. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name Pernilp ISROWN	31212	\$ 5000.
P.O. Box 24613	回,原,四	\$ 5002
City, State, Zip Code Jack: - J. M. S	3/21/19	\$ 23537
Name of Employer (Required) PSBVertus		\$
Occupation (Required)	Aggregate year-to-date	\$ 12,000
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Maurice JAMES	图/四/四	\$ 1055
Mailing Address 830 Canden		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 1000,53
C. Source Corporation PAC Individual X Loan	year-to-date	
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Bette Rothiolisa	3,11,19	\$ 1000.70
Mailing Address 1716 Popular Blad		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year–to-date	\$ 1000.0
D. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name Precises Martin	3/21/24	\$ 10,000
P21 N-Gongress St. NOCUS		\$
City, State, Zip Code Tack 100, Mrs U3A177417		\$
Name of Employer (Required)		\$
Occupation (Required) Occupation (Required)	Aggregate year–to-date	\$ 10,000

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Name of Candidate or Committee	Priesterta
Reporting period 1-1-19 through	1-29-14

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	<u> </u>	\$ 500 00
Mailing Address		<u> </u>
1 of JUY Brook C+ City, State, Zip Code		\$
MAdison, Mr 39 110	 	\$
Name of Employer (Required)		\$
Occupation (Regulred)	Aggregate year-to-date	\$ 5 65.57
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name H, bbe H Neal		\$ 500 %
Mailing Address		• -
POBOXLLC25		\$
City, State, Zip Code TACK 152 M J 39225		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
. ENGINERI	year-to-date	\$ 502.9
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	3/11/11/13	\$ 5-00. 6
Gailya Porter Mailing Address		
1020 UNIJENSILY Blod		\$
City, State, Zip Code Jackson, Mc 39204		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 532.
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	3/12/19	\$ 250
Mailing Address Sm NOSV		
P. D. B 0x / 170 X33777		\$
4 Atties burg M. 34404		\$
Name of Employer (Required)	d#=41 /	\$
Occupation (Required)	Aggregate year–to-date	\$ 2500

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Name of Candidate or Co	ommittee	111:12 V	Pries	FerDo	2
Reporting period) - ()	through	3-24	-14	
	ITEM	IZED	RECE	PT	S

A. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Tear)	this period
Le rou walker	3/1/1/1/	\$ 250
Malling Address (
5956 HOLBOOK DO		\$
City, State, Zip Code		•
JACK JON, MJ 39206		\$
Name of Employer (Required)		
LTM ENTERPRISE		\$
Occupation (Required)	Aggregate	
Busilers Duder	year-to-date	\$ 250
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (place appeils)	(Mo., Day, Year)	receipt
Other (please specify)	(,,,,,	this period
Full name	3/19/11	\$ 250.
DRM. Lowis Grabs		
Malling Address		\$
1771 Lelia Dr		
City, State, Zip Code		s -
JACK102, Mx 39216		
Name of Employer (Required)		\$
Occupation (Required)		
Dentist	Aggregate year–to-date	\$ 255
	your to date	
G. SOURCE L. L. GEODERHOR IN L. PAGEL J. INDIVIDUAL L. L. L. CAN L. L.		
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt .
Other (please specify)	(Mo., Day, Year)	receipt this period
Other (please specify)		receipt .
Other (please specify) Full name C, J, Tech Mailing Address	(Mo., Day, Year)	receipt this period
Other (please specify) Full name C. J. T. T. C. L. Mailing Address C. D. B. O. / 2. 85.2	(Mo., Day, Year)	receipt this period
Other (please specify) Full name C	(Mo., Day, Year)	receipt this period \$ 250.9
Other (please specify) Full name C, J, T, T, C, Mailing Address City, State, Zip Code JACKADD MS 3936	(Mo., Day, Year)	receipt this period
Other (please specify) Full name C	(Mo., Day, Year)	receipt this period \$ 250.9 \$
Other (please specify) Full name Mailing Address City, State, Zip Gode Name of Employer (Reguired)	(Mo., Day, Year)	receipt this period \$ 250.9
Other (please specify) Full name C, J, T, R, Ch Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Reguired) Occupation (Required)	(Mo., Day, Year)	receipt this period \$ 250.9 \$ \$
Other (please specify) Full name C	(Mo., Day, Year) 3 / 50/ 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	receipt this period \$ 250.9 \$ 550.9 \$ 550.9
Other (please specify) Full name C, J, T, R, Ch Mailing Address City, State, Zip Code City, State, Zip Code Name of Employer (Reguired) Occupation (Required)	(Mo., Day, Year) J D	receipt this period \$ 250.9 \$
Other (please specify) Full name C	(Mo., Day, Year) J D T Aggregate year-to-date	receipt this period \$ 250.9 \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Reguired) Occupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify)	(Mo., Day, Year) J D J J J Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 250.9 \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Reguired) Occupation (Reguired) E Na () 2 2 3 6 D. Source: Corporation PAC Individual Loan	(Mo., Day, Year) J D	receipt this period \$ 250.9 \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation [Required] D. Source: Corporation PAC Individual Loan Other (please specify) Full name	(Mo., Day, Year)	receipt this period \$ 250.9 \$
Other (please specify) Full name City, State, Zip Code City, State, Zip Code Name of Employer (Regulred) Occupation [Required] D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Mailing Address	(Mo., Day, Year) J D J J J Aggregate year-to-date (Mo., Day, Year)	receipt this period \$ 250.9 \$ \$ Amount of each receipt this period
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Occupation [Required] E \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Mo., Day, Year)	receipt this period \$ 250.9 \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Coccupation (Required) Coccupation (Required) Comporation PAC Individual Loan Other (please specify) Full name Mailing Address Gity, State, Zip Code	(Mo., Day, Year) Aggregate year-to-date (Mo., Day, Year) 3 9 4 1 1 1 1 1 1 1 1	receipt this period \$ 250.9 \$
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Coccupation (Required) E	(Mo., Day, Year)	receipt this period \$ 250.9 \$
Other (please specify) Full name Carry, State, Zip Code Name of Employer (Required) Coccupation (Required) D. Source: Corporation PAC Individual Loan Other (please specify) Full name Mailing Address Mailing Address	(Mo., Day, Year)	receipt this period \$ 250.9 \$ \$ \$ \$ Amount of each receipt this period \$ 250.9 \$ \$ 50.9 \$ \$ 7.70.1
Other (please specify) Full name Mailing Address City, State, Zip Code Name of Employer (Required) Coccupation (Required) E	(Mo., Day, Year) Aggregate year-to-date (Mo., Day, Year) 3 9 4 1 1 1 1 1 1 1 1	receipt this period \$ 250.9 \$

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Name of Candidate or Committe	e Me	دراده	Priecter	TQ
Reporting period	14	through	3-29-11	1
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A. Source: Corporation PAC Individual Loan Cother (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Godw, 2 Dafe	3/4/4	\$ 250.
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required) State Face		\$
Occupation (Required) JUS WADW (300 Key	Aggregate year-to-date	\$ 250.00
B. Source: Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
New England Contractor	3 · 1 · 1	\$ <u>کې کې پې</u>
Mailing Address P.O. Rox 16353		\$
City, State, Zip Code JACK, 62, M. 39236		\$
Name of Employer (Required)	$\square / \square / \square$	\$
Occupation (Required)	Aggregate year–to-date	\$ 350.5
C. Source Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$ 250
Mailing Address		\$
City, State, Zip Code		
Name of Employer (Required)		\$
Self Occupation (Required)	Aggregate	\$
Phreicas	Aggregate year-to-date	\$ 250.
Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
BRADIGOH CO	3/24/2	\$ 250.
Mailing Address 1217 Pinch west St HUBTO		\$
City, State, Zip Code	<u></u>	\$
Name of Employer (Required)	/ 	\$
Occupation (Required) 'AH and en	Aggregate year–to-date	\$ 250.3
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Name of Candidate or Co	ommittee <u> </u>	2100	V. Per	o.fer IR
Reporting period	->-14	through	17-20	-10
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A. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	3/13/14	\$ 500
Mailing Address		
		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 500.9
B. Source: Corporation PAC Individual Loan	your to-date	Amount of each
B. Source. [] Corporation [] 1 AC [] Individual [A Louin []	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name		
Samuel Kelly		\$ 500
Mailing Address		
		\$
City, State, Zip Code U	·	
		\$
Wygieon Wa		
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	
CH >-Net	year-to-date	\$ 337.
C. Source Corporation PAC Individual Loan	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Amount of soch
o: source - corporation - 1.10 - manifesta 2 - 2021	Date	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name /		
DR Dorothy Foster	집 / [[] / [[4	\$ 300.00
Mailing Address		
P.D. Box 5-9182	3/27/14	\$ 205,
City, State, Zip Code		
JACK102, MS 39284		\$
Name of Employer (Required)		
MAA, JOC		\$
Occupation [Required]	Aggregate year-to-date	\$ 5000
D. Source: Corporation PAC Individual Loan		Amount of each
B. Soulice. Sollpoint and The	Date	receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name	3/13/14	A
J.E LANderdole	<u> </u>	\$ 1000.
	H 'ROS VED VE	\$ -
5420 SAIAFOLA De	Mark of the Comment o	¥ [
City, State, Zip Code	活动。	\$
Jackson M1 35211	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
Name of Employer [Required]		\$
<u> </u>	Ta day it	
Occupation (Required)	Aggregate year-to-date	\$ 1000
DEJelopok	year-to-uate	,

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Name of Candidate or Committe	ee Mel	5,00	Pries	rensa	
Reporting period			2-2 q		
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A. Source: Corporation PAC Individual Loan Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 500.0 2961252 Malling Address \$ broo K City, State, Zip Code JACK Name of Employer (Required) \$ Occupation (Required) Aggregate 500 year-to-date B. Source: Corporation PAC Individual 📝 Loan 🗌 Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name 250 HNNO Mailing Address 90 City, State, Zip Code \$ JALK Name of Employer (Required) \$ Occupation (Required) Aggregate 2 N E year-to-date C. Source Corporation PAC Individual 🔀 Loan 🗌 Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period <u>Full name</u> 500. 1000N Mailing Address \$ City, State, Zip Code JOUR Name of Employer (Required) Occupation (Required) Aggregate 400 Projenn year-to-date Corporation Individual 🔀 D. Source: Amount of each Date receipt (Mo., Day, Year) Other (please specify) this period Full name Mailing Address \$ City, State, Zip Code \$ <u>120</u> Name of Employer (Required) Occupation (Required) Aggregate year-to-date

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Name of Candidate	e or Committee	016	Riest	-CJR
Reporting period	1-1-17	through	3-24	-14
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A. Source: Corporation PAC Individual Loan	Date (Mo. Day Year)	Amount of each receipt
Other (please specify)	(Mo., Day, Year)	this period
Full name DR CARI Reddix	3/24/1	\$ 3 00.
Mailing Address		¢
6090 Woodles Rd	_''	\$.
City, State, Zip Code		<u>-</u>
JACK102, MJ		\$
Name of Employer (Required)		£
2016		\$
Occupation [Required]	Aggregate	\$ 1 70 97
Physician	year-to-date	\$ 12 20 0
B. Source: Corporation PAC Individual Loan	Date (Mo., Day, Year)	Amount of each receipt
Other (please specify)	(WO., Day, Tear)	this period
Full name	3/24/12	\$ 505.9
DR Michael Raddie	321221123	\$ 500.9
Mailing Address		•
106 Southern Rilie Dr	<u>'''</u>	\$
City, State, Zip Code		
Madison, Ma		\$
Name of Employer (Required)	<u> </u>	A
Reddix Medical Brown		\$
Occupation (Required)	Aggregate	6 7000
?hysien D	year-to-date	\$ 502
C. Source Corporation PAC Individual Loan	Date	Amount of each
Other (please specify)	(Mo., Day, Year)	receipt this period
Full name	B/24/14	\$ 500
DOM INVENTABLE		*5 0 4
Mailing Address		\$
6128 HANGIS, MOSS		<u> </u>
City, State, Zip Code		\$
Jack102, M1 39206		
Name of Employer (Required)		\$
NIA	_='='=	" L
Occupation (Required)	Aggregate year-to-date	\$ 505.
D. Source: Corporation PAC Individual Loan		Amount of each
Other (please specify)	Date (Mo., Day, Year)	receipt this period
Full name	17 . 1 A. 1771	
EUA + Fred Proter Sum	RT \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$ 500
Mailing Address DR MAJIJ ALIJ		\$
City, State, Zip Code		\$
Name of Employer (Required)		<u> </u>
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 400
F.d-Cators	year-to-date	° 500.
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Name of Candidate or Committee Melsin Priesto	102
Reporting period 1-1-(4 through 3-24-14]
ITEMIZED RECEIP	TS

A Source: Corporation PAC Individual Loan Date (Mo., Day, Year) This period this period this period this period this period the (please specify) Signature S			
Full name A			receipt
A			this period
City, State, Zip Code Tack Same of Employer (Required) Caca Caca	Al + Cerilya Thomas	3129114	\$ 300
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Aggregate S 3 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Name of Employer (Required)		\$
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name, The part of the price of this period of this period of the price of the price of the price of the price of this period of the price of the pric	Occupation (Required)	Aggregate	
B. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Full name. Mailling Address Mailling	pr. Duiged		\$ 3-20.
Full name Silvaria Silvaria	B. Source: Corporation PAC Individual Loan		receipt
Mailing Address		()	this period
City, State, Zip Code	The Peterses Group	3/2/19	\$ 25-5 %
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Other (please specify) Full name Full name For a Bind State For a Bind	C. Source Corporation PAC Individual Loan	Date	
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City, State, Zip Code	tener Bland State Farm	3/24/12	\$ 300.
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Name of Employer (Required) Cocupation (Required)			\$
Occupation (Required) Description (Page 1	Name of Employer (Required)		\$
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	Kobert McNish Gu	3/21/11	\$ 500.
Name of Employer (Required) Scale Aggregate \$ Aggregate \$	10079 H. 11 200 De 18370 101	<u></u>	\$
Occupation (Reguired) Aggregate \$ 222	Scott dale HZ 8509 50038		\$
	sc f		
	Occupation (Required)		\$ 500.3